03965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) L. (Last) Bowles

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward Burch

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Philip G. Bowles Popes Creek, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Respiratory failure	10 mins.
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral vascular accident	12 hours
DUE TO	(c) Hypertension	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE – (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 7, 1953, to Apr. 8, 1953, that I last saw the deceased alive on 8 Apr, 1953, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE S. Woodd (DEGREE OR TITLE) MD. ADDRESS La Plata. Md. DATE SIGNED 8 April 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/10/53
NAME OF CEMETERY OR CREMATORY St. Josepha
LOCATION (City, town, or county) (State) Morganza, Md
DATE REC'D BY LOCAL REG. 4/8/53
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

RECEIVED
APR 9 1953
BUREAU V. S.

03966

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

106

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey Hills
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Purnell (Middle) Frances (Last) Brooks
4. DATE OF DEATH (Month) April (Day) 12, (Year) 1953
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 18, 1923
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Joseph L. Brooks Pomonkey, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812X Immediate cause (a) Crushed Chest — 4-12-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Pedestrian (hit and run accident) — 4-12-53

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Pomonkey (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 4 (Day) 12 (Year) 53 (Hour) 4 AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian (hit & run accident)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Redden (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 4-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/15/32
NAME OF CEMETERY OR CREMATORY Zion Wesley
LOCATION (City, town, or county) (State) Waldoy, Md
DATE REC'D BY LOCAL REG. 4-15-53
REGISTRAR'S SIGNATURE ~~M. L. Thomas~~ Mayme Ransome - cmc
24. FUNERAL DIRECTOR Hunt & Ryan, ADDRESS Waldoy, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS

RECEIVED
APR 16 1953
BUREAU V. S.

SENT TO LOCAL REGISTRAR Co.____ DATE_____

03967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:

County Charles

City or town Grayton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Charles

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Roger Leroy Carroll

3.(b) Social Security Number —

4. Sex Male

5. Color or race Old

6.(a) Single, married, widowed, or divorced ~~Single~~

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1953

8. AGE: Years — Months — Days 2 If less than one day hrs. min.

9. Birthplace Grayton, Charles Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Randolph David Warren
13. Birthplace Chester, Penn.

MOTHER
14. Maiden name Julia Carroll
15. Birthplace Charles Co. Md

16. Informant Elmer Carroll,
Address Grayton Md

17. Burial Date thereof Apr. 14 1953
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Grove Baptist

Location Nanjemoy

18. Funeral director Elmer Carroll
Address Grayton Md

19. April 14 1953 I V Thompson
(Date rec'd by registrar) 4043212407 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13 1953 at 1 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw her alive on Apr. 13 1953

Immediate cause of death Congenital Heart Trouble?

Due to 754.4

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Bicknell Mtr
M. D. or other

Address Marbury Md Date signed

VS A15 45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 15 1953
BUREAU V. S.

03968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: La Plata
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 2-days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital La Plata Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural, give location) 12-East Patton

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Viola (Last) Hartman

4. DATE OF DEATH: (Month) (Day) (Year) 4-7-53 19

5. SEX: Female
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-7-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Covington Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Arthur
14. MOTHER'S MAIDEN NAME: Matilda Blackaby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: E.W. Hartman, 12-E. Patton, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442 X

Immediate cause (a) Asthma — INTERVAL BETWEEN ONSET AND DEATH: Indefinite

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio Renal Disease — Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4-53, 19....., to 4-7-53, 19....., that I last saw the deceased alive on 4-7-53, 19....., and that death occurred at 1-20 A.m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (DEGREE OR TITLE) ADDRESS MD Indian Head Md DATE SIGNED 4-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/9/53
NAME OF CEMETERY OR CREMATORY Mt Comfort
LOCATION (City, town, or county) (State) Alexandria, Va.
DATE REC'D BY LOCAL REG. 4/8/53
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

RECEIVED
APR 9 1953
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03970

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH · COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Hilton.				4. DATE OF DEATH (Month) April (Day) 17 (Year) 1953	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Sept. 24 1938	9. AGE last birthday 14 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ~~Unknown.~~ George Thomas.			14. MOTHER'S MAIDEN NAME Annie Hilton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Maria Hilton. Foster Mother		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3

Immediate cause (a) Strangulation by aspiration — 5 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy — 1 year.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1953, to 7 Mar, 1953, that I last saw the deceased alive on 7 March, 1953, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Woody.	MD	La Plata. Md.	17 April 53.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE 4-20-53	NAME OF CEMETERY OR CREMATORY Hay Shoot	LOCATION (City, town, or county) Issue (State) Md.
DATE REC'D BY LOCAL REG. 4/20/53	REGISTRAR'S SIGNATURE William J. Rex	24. FUNERAL DIRECTOR Huntt and Ryon	ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

1

RECEIVED
APR 22 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS en-route to hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md.~~ D.C. COUNTY ~~Charles~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1720 Swann St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) (Last) Juggins
4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 6-15-03
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dir. Publication & Printing in Dr. Gov.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Quantico, Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Juggins
14. MOTHER'S MAIDEN NAME Rhoda ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. 577-38-6050
17. INFORMANT AND ADDRESS Marjorie T. Juggins

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3.1X Immediate cause (a) Cerebro Vascular accident — 4-11-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1951

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE J. Gedelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 4-11-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/11/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REG. 4/11/53
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Robert S. McGuire ADDRESS 1820-9th N.W. Washington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

03971

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Edward (Last) King
4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 9/12 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Malcolm Chas Co md
12. CITIZEN OF WHAT COUNTRY US
13. FATHER'S NAME Joseph King
14. MOTHER'S MAIDEN NAME Matilda Wade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Janie Nelson Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X Immediate cause (a) Ca Prostate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) c̄ Metastases to
(c) Lung

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1953, to 4-12, 1953, that I last saw the deceased alive on 4/2, 1953 and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) md ADDRESS [signature] DATE SIGNED 4-16-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 4-16-53
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Waldorf (State) md

DATE REC'D BY LOCAL REG. 4-18-53
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md.
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles. Ch
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) R. (Last) Knott.
4. DATE OF DEATH (Month) 4 (Day) 24. (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 25. 1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Charles Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John H. Knott.
14. MOTHER'S MAIDEN NAME Mary Copsey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mary Alice Knott. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 Immediate cause (a) Carcinomatosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Carcinoma (c) Osteo-Porosis

INTERVAL BETWEEN ONSET AND DEATH About 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

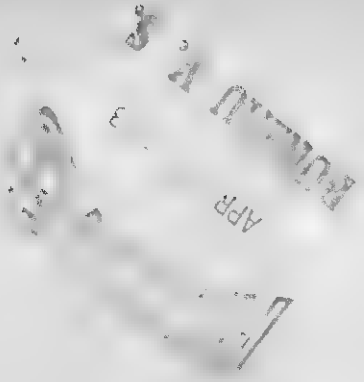
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1937, to 4/24, 1953, that I last saw the deceased alive on 4/24, 1953, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Waldorf Md. DATE SIGNED 4/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4.27.1953
NAME OF CEMETERY OR CREMATORY Mt. Rest.
LOCATION (City, town, or county) (State) La Plata Md.

DATE REC'D BY LOCAL REG. 4-27-53
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR HUntt And Ryon. Waldorf Md. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) HUGHESVILLE
LENGTH OF STAY (in this place) 14 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVA		PENN	APRIL	10	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	CAUCASIAN-U.S.	WIDOWED	JANUARY 15, 1880	73 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	WASHINGTON, D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BREWER	(UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	MR. WILSON PENN; HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
412 X		
Immediate cause	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE	5 YEARS.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARDIO-RENAL DECOMPENSATION	3 MONTHS
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from SEPTEMBER 1947, to APRIL 10, 1953, that I last saw the deceased alive on APRIL 9, 1953, and that death occurred at 6 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John N. Griffin, M.D.	Hughesville, Md.	4/11/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county)	(State)
	4-13-53	Trinity	New Port	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/13/53	Julia H. Posey	Hunt & Ryon Waldorf	md

03974

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Port Tobacco) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Char
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Pt Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Vincent (Last) Scott
4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 3-5-26
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. gov
11. BIRTHPLACE (State or foreign country) Charles
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME John S. Scott
14. MOTHER'S MAIDEN NAME Luther A. Jameson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Francis R. Scott 619 Wash Ave Falls Church, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — 4-25-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Pt Tobacco Md (CITY OR TOWN) Chas Co (COUNTY) Md (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Boat drifted from anchor - Drowned while drowning for same

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Redelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 4-26-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 4-29-53 NAME OF CEMETERY OR CREMATORY Arlington Nat LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 4/27/53 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Hunt & Son Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

03975

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN (RURAL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) A (Last) STEFFENS

4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN-U.S.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JULY 29, 1895
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Mueller
14. MOTHER'S MAIDEN NAME: Elfrieda Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Dietrich Steffens Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

330 X

		Interval Between Onset and Death
Immediate cause	(a) SUB ARACHNOID HEMORRHAGE, SECONDARY	27 HOURS.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) SUB ARACHNOID HEMORRHAGE, PRIMARY	16 DAYS
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 1948, to APRIL 10, 1953, that I last saw the deceased alive on APRIL 10, 1953, and that death occurred at 10 10 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin (DEGREE OR TITLE) M.D. ADDRESS HUGHESVILLE, MD. DATE SIGNED 4/10/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 4-13-53 NAME OF CEMETERY OR CREMATORY Lutheran LOCATION (City, town, or county) Charlott Hall md (State)

DATE REC'D BY LOCAL REG. 4/10/53 REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf ADDRESS md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 51

RECEIVED
APR 14 1953
BUREAU V. S.

03976

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 [illegible]-51

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Plyc Mem

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nangemoy Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Monroe (Last) Wright

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: July 14-1906

9. AGE last birthday: 46 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schaiffer

10b. KIND OF BUSINESS OR INDUSTRY: Contractors

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY? Ud

13. FATHER'S NAME: Thomas T Wright

14. MOTHER'S MAIDEN NAME: Margaret Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hadley Wright Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

138.0

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) (b) Gen Art Sclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Berkes Sarcoid

INTERVAL BETWEEN ONSET AND DEATH: 4-9-53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1953, to 4-9, 1953, that I last saw the deceased alive on 4-8, 1953, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE E. Redden (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 4-9-53

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~: DATE THEREOF 4/13/53 NAME OF CEMETERY OR CREMATORY Nangemoy LOCATION (City, town, or county) Nangemoy Md (State)

DATE REC'D BY LOCAL REG. 4/11/53 REGISTRAR'S SIGNATURE Julia H. Basey

24. FUNERAL DIRECTOR Hewitt & Ryan Waldorf Md ADDRESS

RECEIVED
APR 14 1953
BUREAU V.